

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8-3-05</u>		2 Serial/Patent # <u>10/521514</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1	1-18-05	\$ 50							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 50							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:									
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> </tr> </table>			5	0	--	0	3	2	0
5	0	--	0	3	2	0					
<input type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____			TITLE: _____								
SIGNATURE: <u><i>A. Johnson</i></u>			PHONE: _____								
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____			DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**